

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. **2417**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Logan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | | c. CITY OR TOWN Lincoln | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION MO PACIFIC HOSP | | e. STREET ADDRESS (If rural, give location) 1307 Broadway | |

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|---|---------------------------|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) LEO c. (Last) ELWOOD | | | 4. DATE OF DEATH (Month) (Day) (Year) 3-25-55 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE | 8. DATE OF BIRTH 7-24-1887 | 9. AGE (In years last birthday) 68 | # UNDER 1 YEAR Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegraph operator | | 10b. KIND OF BUSINESS OR INDUSTRY GM & O. R.R. | 11. BIRTHPLACE (City and State or Foreign Country) Lincoln, Ill. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME David Elwood | 13b. MOTHER'S MAIDEN NAME Margaret Murphy | 14. NAME OF HUSBAND OR WIFE Never Married |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil. | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME R. B. Elwood, Little Rock Ark. ADDRESS |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 6 Mos |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastrointestinal hemorrhage | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Acute Lymphatic Leukemia | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |

| | | |
|--|--|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 2040 |
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22. I hereby certify that I attended the deceased from **MAR. 10, 1955** to **MAR. 15, 1955**, that I last saw the deceased alive on **MAR. 15, 1955**, and that death occurred at **4:55 p.m.**, from the causes and on the date stated above.

| | | |
|---|----------------------------------|---|
| 23a. SIGNATURE [Signature] (Degree or title) MD | 23b. ADDRESS Mr. Tae Hoop | 23c. DATE SIGNED 3-16-55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 3-16-55 | 24c. NAME OF CEMETERY OR CREMATORY Local |
| 24d. LOCATION (City, town, or county) (State) Lincoln, Ill | | |

| | | |
|---|--|---|
| DATE REC'D BY LOCAL REG. MAR 16 1955 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 31 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

John S. Deneke
Licensed Embalmer No. 919

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.